

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BT		9-28-00
O.I.P.E. CLASSIFIER		59	10/1
FORMALITY REVIEW	PWB	100976	11-14-00
RESPONSE FORMALITY REVIEW	PWB	100976	11-29-00

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1	✓ ✓ ✓
2	
3	
4	✓
5	✓
6	○
7	○
8	○
9	✓ ✓ ✓
10	✓
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17	
18	✓
19	✓ ✓ ✓
20	
21	
22	✓ ✓ ○
23	✓ ✓ ○
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26	
27	✓ ○
28	✓ ○
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30	✓ ✓ ○
31	✓ ✓ ○
32	✓ ○
33	✓ ✓ ○
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Claim	Date
Final	Original
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
stapl additional sheet here

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